

BOARD OF ADDICTION AND PREVENTION PROFESSIONALS (BAPP)
REQUEST FOR APPROVAL OF
CONTINUING PROFESSIONAL TRAINING

Date Submitted: _____

Name of Training Event: _____

Is there a Registration Fee for this Training Event? No ☐ Yes ☐ Amount \$ _____

Sponsoring Agency: _____

Date of Activity: _____

Hours of Continuing Professional Training Requested: _____

Location of Event (Site): _____

City: _____ State: _____

Instructor(s): _____

Qualifications of Instructor(s): (Sponsoring Agency attach Vitae): _____

Documentation of Training Event must be attached. (Include Brochures, Course Descriptions, Course Syllabus, Time Frames, Agenda, etc., to assist in evaluating the validity of the training.

Information of Person Submitting this Form:

Name: _____

I am attending this event: ☐
(Include home address below)

OR

I am a sponsor representative: ☐
(Include agency name and agency address below)

Name of Sponsoring Agency (if a sponsor representative): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Fax #: _____

**COMPLETE THE ABOVE INFORMATION AND SUBMIT ORIGINAL AND ONE COPY OF THIS FORM,
ALONG WITH THE TRAINING DOCUMENTATION, TO:
BAPP, 3101 West 41st Street, Suite 205, Sioux Falls, SD 57105**

APPROVAL: The BAPP Administrative Office will complete this section, and one copy of this form will be returned to you for your records.

THIS TRAINING EVENT HAS BEEN APPROVED FOR:

_____ Hours of Continuing Professional Training

Authorized Signature

Date